

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO.

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

Improvements in medical device packaging

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which is described and claimed in: PCT International Application No. PCT/IE2004/000174 filed December 22, 2004
 the attached specification the specification in application Serial No. _____ filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<u>S2003/0961</u>	<u>IRELAND</u>	<u>22 December 2003</u>
(Number)	(Country)	(Day/Month/Year Filed)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority Claimed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); WILLIAM E. PLAYER (31,409); and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY
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*Inventor(s) name must include at least one unabbreviated first or middle name.

201 202 203 204 205	FULL NAME * OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME BRADY CITY LOUGHREA POST OFFICE ADDRESS DOON, KILRICKLE, LUGHREA	GIVEN NAME FAMON STATE OR FOREIGN COUNTRY IRELAND CITY COUNTY GALWAY	MIDDLE NAME COUNTRY OF CITIZENSHIP IRELAND STATE OR COUNTRY IRELAND
	FULL NAME * OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME CITY POST OFFICE ADDRESS	GIVEN NAME STATE OR FOREIGN COUNTRY CITY	MIDDLE NAME COUNTRY OF CITIZENSHIP STATE OR COUNTRY ZIP CODE
	FULL NAME * OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME CITY POST OFFICE ADDRESS	GIVEN NAME STATE OR FOREIGN COUNTRY CITY	MIDDLE NAME COUNTRY OF CITIZENSHIP STATE OR COUNTRY ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 101 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>X/ Camer Brady</i> DATE <i>27 OCT. 2006</i>	SIGNATURE OF INVENTOR 202* DATE	SIGNATURE OF INVENTOR 203* DATE
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Additional inventors are named on separately numbered sheets attached hereto.